

TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

Page 1 of 1

STD. 262 (REV. 10/92)

CLAIMANT'S NAME Herb Schultz			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Office of the Governor		
POSITION Senior Advisor to the Governor			CB/ID NUMBER			DIVISION OR BUREAU		
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS State Capitol			TELEPHONE NUMBER		
CITY Sacramento	STATE California	ZIP 95814						

Oct-09		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES		
01-Oct	9:15am	Sacramento to San Diego					312.22	Air, Rental Car			0.00	312.22	
02-Oct	6:00pm	Los Angeles									0.00	0.00	
28-Oct	7:05am	Sacramento to Burbank					442.99	Air, Rental Car			0.00	442.99	
29-Oct		Universal City									0.00	0.00	
30-Oct	3:20pm	Burbank to Sacramento									0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	755.21	0.00	0.00	0	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$755.21	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

10/1: Panelist at ACLHIC conference re: health reform (San Diego, CA)

10/2: Staff Governors' Global Climate Summit 2 (Los Angeles, CA)

10/28: Speak at CA Institute for Regenerative Medicine Press Conference (Los Angeles, CA)

10/29: Panel at VICA Business Forum re: health reform (Universal City, CA)

10/30: Traveling back to Sacramento

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240802

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle use.

CL	DATE 12-3-09	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE 12/8/09
SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES			DATE